

TATES OF GUERNSEY
BOARD OF HEALTH



76th
ANNUAL REPORT
of the
**Medical
Officer of
Health**

REPORT FOR
THE YEAR 1974

Report of the Medical Officer of Health for 1974

Lukis House,
Grange,
Guernsey.
26th September 1975

Sir,

I have the honour to present to you the Annual Report on the health of the Bailiwick of Guernsey for the year 1974.

I have the honour to be, Sir,

Your obedient servant,

C. G. WHITE,

Medical Officer of Health.

The President,
Board of Health,
Guernsey.

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MEMBERS OF THE BOARD OF HEALTH

Conseiller A. N. Grut, President.

Deputy W. G. Wheadon, Vice-President.

Deputy L. A. Mahy.

Deputy F. Le Poidevin.

Deputy Mrs. I. Pouteaux.

Deputy J. A. C. de Garis.

Deputy Miss E. W. Lincoln, M.B.E., S.R.N.

J. R. Dickson, F.R.C.S.

Anne Robertson, F.R.C.O.G.

Board of Health—

Secretary and Hospital Administrator—Mr. J. W. Sarre to 31.3.74.

—Mr. V. E. Luff, M.B.E. from 1.4.74.

Principal Nursing Officer—Miss M. E. Vincent, S.R.N. from 1.2.74.

MEMBERS OF STAFF

<i>Public Health Department</i>		<i>Date of commencement of service with Dept.</i>
WHITE, Dr. C. G.	M.B.E., M.A., B.M., B.Ch., D.P.H., D.I.H. Medical Officer of Health	15.11.62
WITHERICK, Dr. Elizabeth H.	M.B., B.Ch., (Wales), Deputy Medical Officer of Health	24. 4.69
CAIN, Mr. H. J.	Administrative Assistant to Public Health Dept.	1. 8.70
<i>Health Inspectors</i>		
BALL, Mr. J.	M.R.S.H., M.A.P.H.I. Chief Public Health Inspector	1. 9.64
BAIRDS, Mr. J. M.	M.R.S.H., M.A.P.H.I. Public Health Inspector	14. 3.66
EDWARDS, Mr. S. R.	A.A.P.H.I. Senior Assistant Sanitary Inspector	15. 1.46
LE TOCQ, Mr. S. A.	A.A.P.H.I. Assistant Sanitary Inspector	15. 1.46 to 30.9.74 (retired)
WILTSHIRE, Mr. S. B. W.	M.A.P.H.I. Public Health Inspector	1.2.71
<i>Health Visitors</i>		
HORKAN, Mrs. M.	S.R.N., R.F.N., S.C.M. H.V.Cert.	1. 5.57 to 30.11.74 (retired)
JOHNSTON, Mrs. I. A. R.	R.S.C.N., R.G.N., S.C.M. H.V.Cert.	18. 2.63
SIMON, Mrs. J.	S.R.N., S.C.M., H.V.Cert.	7. 2.66
RENIER, Miss H. M.	S.R.N., S.C.M., H.V.Cert.	1. 4.70
LANGLOIS, Mrs. M.	N.N., N.S.C.N., S.R.N., S.C.M., H.V.Cert.	15.3.71 and previously from 22.2.65 to Sept. 1969
GREEN, Mrs. M.	S.R.N., S.C.M., H.V.Cert.	13.11.72
CLEMENTS, Mrs. M.	S.R.N., S.C.M., H.V.Cert.	15. 1.73
<i>School Nurses</i>		
SMITH, Mrs. S.	S.R.N.	14.2.72
ROLAND, Mrs. J.	S.R.N., S.C.M.	1.3.72

INTRODUCTION

The following paragraphs are included for those who may read this report without any background information about the area it concerns.

The administrative area is the Bailiwick of Guernsey, which comprises the islands of Guernsey, Alderney, Sark, Herm and Jethou. Guernsey is the largest of these and the most westerly of all the Channel Islands: Alderney is the most northerly and but nine miles from the coast of France. Sark, Herm and Jethou lie between Guernsey and that section of the coast of France which contains the Bay of Avranches. Alderney and Sark each have their own Parliament, the States of Alderney and the Sark Chief Pleas. This is an over-simplification which must suffice for present purposes, but the student will not lack for much more detailed information elsewhere.

The Public Health Department functions within the Board of Health. The Board is a standing committee of the States of Guernsey, deriving its powers from Guernsey legislation and responsible to the States. This independence from the central government of the United Kingdom is what the stranger to the Channel Islands finds most difficult to understand. Nevertheless it is so and some 900 years of self-government since William, Duke of Normandy gained the English Crown are sufficient proof of this.

GEOGRAPHICAL

The Island of Guernsey is seventy-five miles from Weymouth, forty-two from Cherbourg and sixty-one from St. Malo. Its area is 25.1 square miles and its highest point is 345 feet above sea level.

METEOROLOGICAL STATISTICS
1974

(Guernsey Airport unless otherwise stated)

Sunshine:

Guernsey—L'Ancrese	1855 hours				
—Airport	1692.8 hours				
British Isles highest total—Shanklin ...	1912 hours				
Sunless days—Guernsey 60	Average 1955-1973 62				

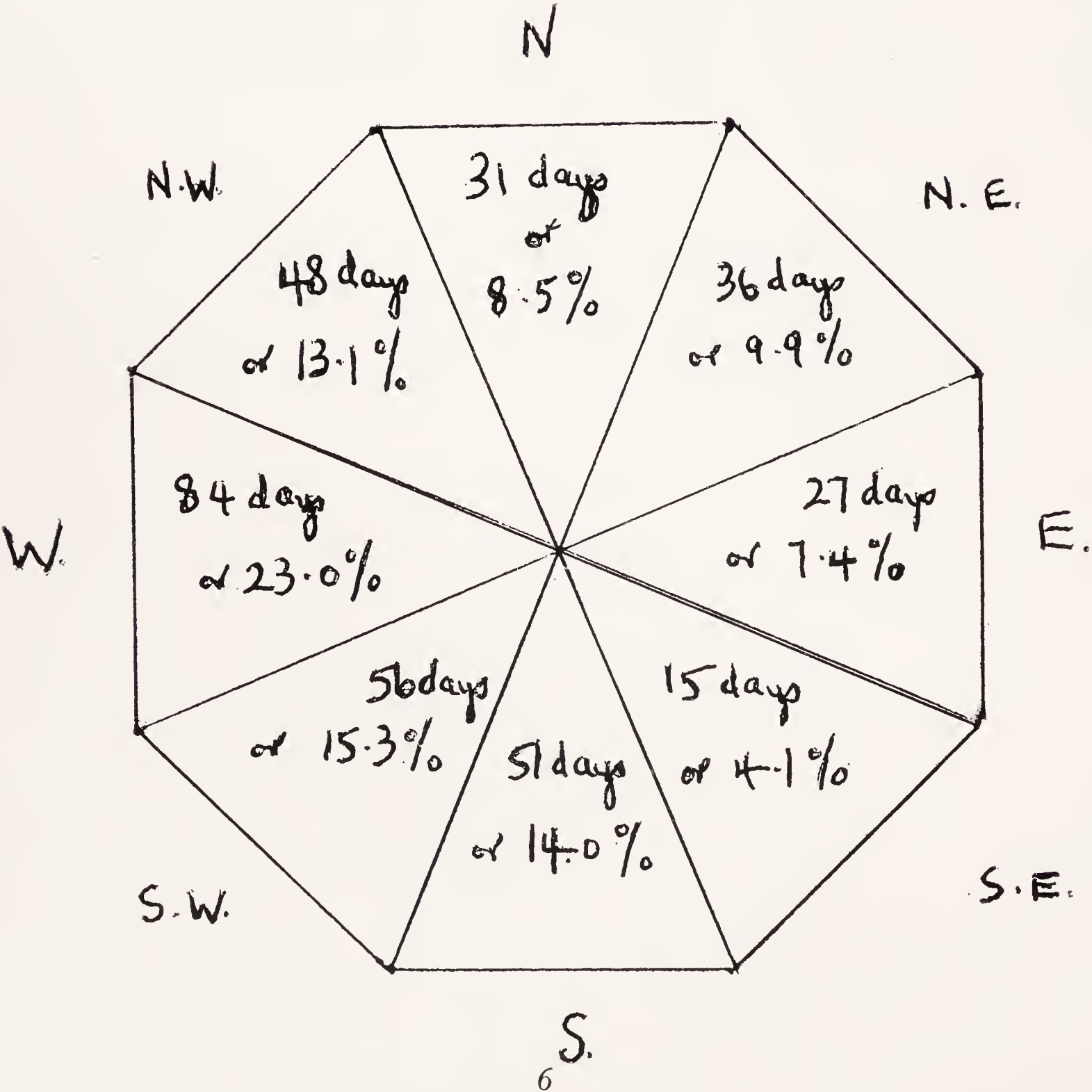
Rainfall:

Total inches 1974 39.09	Average 1947-1973 33.89				
Rain days 1974 208	Average 1947-1973 176				

Temperature:

						°C
Yearly mean						10.3
Average 1947-1973						10.5
Mean daily range						4.5
Average 1947-1973						4.8

Wind Direction



Vital Statistics—Guernsey only—1974

Population estimate—mid-year—residents	...	...	...	51,138
Area	...	...	...	16,062 acres
51138				
Population density	...	...	...	3.184 per acre
16062				

	Number	610 per 1000 resident population	Rate 1974	Rate 1973	Mean of 5 years 1969-1973	Highest in 5 years 1969-1973	Lowest in 5 years 1969-1973	England (& Wales) Mean of past five published figures
Deaths (total)								
		Crude						
		* Corrected						
Cancer mortality (all forms)	137		11.93	11.77	12.57	13.87	11.53	11.8
Lung cancer mortality	30		10.86	10.71	11.17	11.93	10.49	†
Tuberculosis mortality	2	”	2.68	2.55	2.53	3.02	1.86	2.4
Live births (legitimate and illegitimate)	679	”	0.59	0.63	0.61	0.79	0.41	0.64
Live births (illegitimate only)		”	0.04	0.00	0.03	0.08	0.00	0.03
Stillbirths	68	”	13.28	12.90	15.68	17.91	12.90	14.7
	10	live births	100.15	69.02	83.90	92.77	69.02	84.6
		total births (live and still)	14.51	12.12	10.93	15.38	8.74	12.1
Infant mortality (deaths in first year of life)	9	live births	13.25	16.87	16.17	17.72	13.02	17.2
Neonatal mortality (deaths in first month of life)	6	”	8.84	12.27	11.74	12.59	10.42	11.7
Early neonatal mortality (deaths of infants under one week)	5	”	7.36	12.27	10.98	12.59	8.86	†
Perinatal mortality (still-births & deaths of infants under one week)	15	total births (live and still)	21.77	24.24	21.77	24.36	17.57	21.8
Maternal mortality	1	”	1.45	0.00	0.00	0.00	0.00	0.16

* The correction is related to the particular age and sex distribution of the island. The comparability factor is 0.91.

† Not available.

'Tis God gives skill,
But not without men's hands: He could not make
Antonio Stradivari's violins
Without Antonio.

'George Elliot' 1819-1880
(Mary Ann Cross)

The outstanding event of 1974 for the Health Department, without any doubt, was the visit of His Excellency the Lieutenant Governor, Sir Charles Mills, accompanied by Lady Mills on March 18th. Not only was this the first occasion upon which the department had been so honoured, it was made memorable by the interest our distinguished visitors showed in the many and varied facets of the department's task and their charm, which reached every member of the staff.

In November there followed another significant event in the context of preventive medicine. On November 13th our present Bailiff declared open the premises of the Guernsey Chest and Heart Association, built on ground donated by the Board of Health close to the new extension to the Princess Elizabeth Hospital. Although the Health Department had no hand in this venture, which has been created entirely by voluntary efforts and subscriptions, its very existence is recognition of the need to combat today's most widespread epidemic—coronary heart disease. In the admirable tradition of voluntary effort, for which Guernsey has a record second to none, the means to meet a need have been found and practical expression given to the intention to tackle the problems at first hand. The first response to this initiative looks promising; may it never lack support.

A third feature of 1974 was an epidemic of a much more familiar kind—measles. Starting at the very end of June measles cases began to multiply, reaching a peak in mid October and declining again before Christmas. A total of 1,292 cases had been notified by the year's end of which almost half (640) occurred during October alone. During the week ending October 26th 199 cases were notified, after which the epidemic subsided more swiftly than it had arisen.

Nearly 95% of those affected were children under the age of eleven years, the brunt of the attack being borne by the three, four and five year olds, who, together, comprised 46% of the victims. Although quite a number of children required admission to hospital, the condition of some of whom was really quite worrying, no death has been certified to me as attributable to measles or any complication of measles. This cannot but reflect very favourably upon the level of medical care available to this large number of young patients.

Vital Statistics

Population

The estimated, mid-year, resident population is 51,138, being 24,585 males and 26,553 females. There was a natural increase of births over deaths of 69 which is only a little better than last year (57), the lowest on record.

The average natural increase for the five years 1969-73 is 152 (nearest whole number).

Births

There were 679 births during 1974, 27 more than in 1973 but 88 fewer than the average of the preceding five years. Since the peak year of 1964 (891) births have shown a tendency to decline, albeit irregularly.

The crude birth rate is therefore 13.28 per 1,000 estimated resident population, which is 2.4 per 1,000 less than the five year average.

The 68 illegitimate births give the highest rate for many years (100.2 per 1,000 live births) although a similar number of illegitimate births was recorded in 1971.

Stillbirths and Infant Mortality

There were 9 infant deaths of which 6 occurred in the first four weeks of life. The infant mortality rate is therefore low at 13.3 per 1,000 live births, the lowest rate during the preceding five years being 13.0 and the average being 16.2.

The neonatal death rate is well down at 8.8 per 1,000 live births, the average of this rate for the preceding five years being 11.7 and the lowest recorded during that period 10.4.

Of the six children who died in the first month of life 5 died in the first week, giving an early neonatal death rate of 7.4 per 1,000 live births, also the lowest in six years.

There were 10 stillbirths in 1974 giving a rate of 14.5 per 1,000 total births (live and still) which is within the range of the past five years, although higher than last year (12.1) and the five year average (10.9).

Perinatal mortality (stillbirths and early neonatal deaths) was therefore 10 + 5 (16 in 1973) giving a perinatal mortality rate of 21.8 per 1,000 total births which is precisely the same as the mean of the past five years, and lower than 1973 (24.2). (Infant deaths are detailed at Appendix VIII).

These various measures of infant survival therefore constitute some justification for a modest pride in the quality of care available to Guernsey mothers and their babies.

There was one maternal death, a girl not yet twenty years old, who developed a complication of pregnancy which failed to respond to intensive care. This was Guernsey's first maternal death in six years.

Deaths

610 deaths were recorded among the resident population during the year, which is fifteen more than last year and 34 more than 1972. The crude death rate is therefore 11.9 per 1,000 estimated population, slightly below the five year average (12.6) and but little higher than the lowest of this rate during those years (11.5). The corrected rate is 10.86 which compares with 10.71 last year and 11.93, the highest of this rate during the preceding five years.

Mortality Experience

The familiar pattern of mortality is repeated in 1974, with only minor modifications. Over one half of all deaths are ascribed to diseases of the circulatory

system, but this bald statement is not of great significance. Sooner or later we all come to the point when our hearts stop; if at that time there is nothing else wrong with us, it is more than likely that death will be ascribed to one of the conditions listed in Group VII—Diseases of the Circulatory System.

However, there may be no disease process at work in many a willing heart which stops only because it has functioned faultlessly for a full lifetime. Indeed, if we take the time-hallowed three score and ten years as a lifetime, then 73% of the deaths in this group occurred after the age of 70 years. In men 59% of deaths in this group occurred after age 70: in women, 86%. Here lies the true significance of the deaths from circulatory conditions—the age at which death occurs.

In men between 50 and 69 years of age 51 deaths were ascribed to circulatory diseases; in women of the same age group half as many, only 25. As a proportion of all deaths in this age group these figures represent 51% for men and only 38½% for women.

(Appendix III provides the figures for these expressions).

If we now turn to Appendix IV the causes for these earlier circulatory deaths can be examined in greater detail. Of the 51 male deaths between ages 50 and 69 no less than 37 (73%) were ascribed to coronary thrombosis and cardiac ischaemia. Of the 25 female deaths in this age group ascribed to circulatory disease only 9 (36%) are certified as due to these two conditions. The ratios are of the simplest in this year's figures—4:1 and 2:1—with the advantage clearly in favour of the ladies.

Cancer is, once again, the second largest cause of death in our population. An examination of Group II in Appendix III will quickly show that here the disparity between the sexes is much less marked, age group for age group. However, following this group into Appendix IV one's eye is immediately drawn to the unequal distribution of the condition classified number 162—cancer of the trachea, bronchus and lung. Of the 30 deaths due to lung cancer this year 22 were men only 8 women, a ratio of 11:4. All but two of the male deaths and all but one of the female deaths occurred under the age of 75.

Lung cancer is down in Guernsey in 1974 by comparison with the preceding three years, but it is only a little less than last year (30:32). Rates per million are compared in Appendix VII and show, once again, an increase in this rate for women and another drop in this rate for men. The rates for the population and for Guernsey males are both substantially lower than the prevailing rates in England and Wales. The Guernsey rate for females is now greater than the corresponding rate in England and Wales.

The third largest group, the respiratory diseases, are much less in evidence as a cause of death in 1974. Altogether there were 65 (85) deaths in this group, 10.7% (14.3%) of all deaths at all ages. Male deaths were down to 37 (44) or 12.5% (14.2%) of all male deaths from all causes, and female deaths were 28 (41) or 9% (14.4%) of all female deaths, all causes. (The figures above in brackets refer to 1973).

Half of the male deaths (19:37) in this group occurred in the seventh or eighth decade of life, whereas over 70% of the female respiratory deaths (20:28) occurred in the ninth decade or later. In other words, bronchopneumonia is not

uncommonly the terminal event among aged females. Chronic bronchitis (international list number 491) and emphysema (number 492) are predominantly diseases of males; 19:2 males to females in the total of 21 deaths from these causes.

There is a common thread binding the above paragraphs together—cigarette smoking. Coronary heart disease and cardiac ischaemia, lung cancer, chronic bronchitis and emphysema are all smoking-related diseases. In each instance male mortality exceeds female experience, often many times over and a study of Appendix IV will confirm that this is so. Each year the facts recorded in this detailed table underline the same lesson which, alas, remains largely unlearned—or unread.

These three groups of diseases account for 85% of all deaths (521 out of 610). Only two other groups reach double figures. Group IX Diseases of the Digestive System account for 24 deaths (4%) affecting the sexes almost equally.

Of these 24 deaths one third (8) are ascribed to ulceration of the stomach or duodenum—men and women sharing the burden equally, although all four female deaths were from stomach ulceration whereas two men succumbed from this and two from duodenal ulcer. Seven deaths were certified as due to cirrhosis of the liver, women being in the majority in the ratio of 5:2.

Accidents, Poisoning and Violence (Group NXVII) account for a total of 19 deaths, twice as many men being affected as women (13:6). In 1973 there were only 13 deaths in this group, also in a similar ratio exceeding two to one (9:4). In 1974 five deaths were recorded as suicide, four each to motor accidents and falls, and two deaths occurred in a fire. The remaining four can be found within Appendix V.

Deaths of non-residents

As in last year's Annual Health Report non-resident mortality has been extracted and tabulated separately—at Appendix VI. This Appendix also tables the coding of the external causes of injuries sustained in accidental or violent deaths.

In 1973 there were 27 deaths among non-residents temporarily in the Island and half of these were due to heart attacks, predominantly among men of middle age. In 1974 there were even more deaths due to heart attack (codes 410 and 412) three quarters of them (13) among males, of whom most were in their middle years.

However, the non-resident deaths table is dominated by the tragedy of the M.V. "Prosperity", which foundered with the loss of all hands on the night of January 16th/17th. Unusually high winds had been blowing for several days and were increasing; the year's strongest gust (78 m.p.h.) was recorded on January 16th. After darkness fell, a ship reported engine breakdown some eleven miles to windward of Guernsey's notorious west coast. What had to happen was not witnessed by anyone now alive. Morning revealed the "Prosperity" on an off-shore reef, broken in two with her cargo of timber strewn like giant matchsticks along the beach. Later 16 bodies were recovered from the sea in such a position as to suggest that the crew had taken to their boats before the vessel struck. Two other bodies have never been found. (Appendix VI records these sixteen in Group NXVII coded N. 994 and E. 830).

Infectious Disease

Mention has already been made of the measles epidemic and further detail follows in this section in three tables—the development of the epidemic month by month, notifications received each week during the last six months of 1974 and the incidence as related to age.

In the first six months of the year there were no less than eight notifications of pulmonary tuberculosis, an unusually high figure. Two of these referred to persons already known to have had a past P.T.B. history, both of whom had been radiologically and clinically stable for some years. Contact surveys failed to establish any link between any two of these eight notifications.

Twelve notifications of whooping cough were received, mostly in the latter part of the year. It is probable that this condition is considerably under-recorded.

Three cases of infectious hepatitis were notified in the autumn, the first of which proved to be fatal. No link was demonstrable between these three cases.

An unusual notification occurred in June—brucellosis. The case was, in fact, imported from Southern Europe and proved to be a youth who had had care of the family goats before coming to Guernsey. He returned home shortly after the diagnosis was established and treatment begun.

INFECTIOUS DISEASES 1974

DISEASE	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	TOTAL
Acute Meningitis	2						1						3
Brucellosis					1								1
Measles (see separate table)						36	88	233	640	211	20		1292*
Ophthalmis Neonatorum								1					1
Scarlet Fever						2				1			3
Tuberculosis		1	1	2	3	1							8
Infective Hepatitis								1	2				3
Whooping Cough		2				1			3	2	4		12
TOTALS	2	3	1	2	3	2	39	89	235	645	214	24	1323

* Add 64 cases of Measles, date of onset not notified.

Measles Outbreak Guernsey 1974

Notifications received x date of onset

	<i>No. of onsets</i>	<i>%</i>
Before 1st July	4	0.3
Week ended 6.7.74	4	0.3
13.7.74	5	0.4
20.7.74	17	1.3
27.7.74	6	0.5
3.8.74	17	1.3
10.8.74	14	1.1
17.8.74	12	0.9
24.8.74	20	1.5
31.8.74	25	1.9
7.9.74	34	2.6
14.9.74	44	3.4
21.9.74	65	5.0
28.9.74	90	7.0
5.10.74	112	8.7
12.10.74	180	13.9
19.10.74	199	15.4
26.10.74	149	11.5
2.11.74	112	8.7
9.11.74	48	3.7
16.11.74	28	2.2
23.11.74	13	1.0
30.11.74	10	0.8
7.12.74	6	0.5
14.12.74	9	0.7
21.12.74	3	0.2
28.12.74	2	0.2
Onset date not given	64	5.0
	1292	100.0

MEASLES OUTBREAK GUERNSEY 1974

Notifications received by age

	<i>No.</i>	%
Under 1 year	46	3.6
Age 1 year	106	8.2
2 years	151	11.7
3 „	180	13.9
4 „	223	17.3
5 „	188	14.6
6 „	128	9.9
7 „	102	7.9
8 „	52	4.0
9 „	18	1.4
10 „	18	1.4
11+	38	2.9
Age not given	42	3.2
	1292	100.0

Accidental Poisoning

During the year 43 children were admitted to hospital because they were suspected of having swallowed—or known to have swallowed—some potentially harmful substance. This is four more than last year. There were almost twice as many boys (28) as girls (15) concerned. The worst month was July (10 instances), a month which was free of cases in 1973.

27 children had swallowed tablets or capsules and a further 2 liquid medicines,—two out of three cases altogether. These instances, one feels, could have been prevented if only the medicines had been properly kept. Most of these children were aged between eighteen months and five years old. At this age it should not be too difficult to keep medicines out of sight and out of their reach.

8 children swallowed a variety of liquids, including weedkiller, cement hardener, paint stripper, nail varnish remover, parazone, paraffin, turpentine and an insecticide. The wonder is that, again, no case proved fatal.

Four boys and two girls swallowed berries or seeds of laburnum, ivy or lupins. Natural hazards, therefore, account for the smallest group of all. Perhaps these six are the instances that would have happened anyway—the ones that, possibly, could not have been prevented. About the remainder, or in 6 cases out of 7, there is at least the lingering doubt that carelessness on the part of a grown up may have been contributory. The lesson is clear.

Accidental poisoning of children

Month	1974				1973			
	M	F	Monthly Total	Quarterly Total & to date	M	F	Monthly Total	Quarterly Total & to date
Jan	—	—	—		1	—	1	
Feb	4	3	7		1	2	3	
Mar	—	1	1	8/8	—	3	3	7/7
April	6	—	6		5	2	7	
May	2	1	3		1	4	5	
June	1	2	3	12/20	2	3	5	17/24
July	9	1	10		—	—	—	
Aug	—	1	1		3	2	5	
Sept	—	—	—	11/31	—	1	1	6/30
Oct	5	3	8		2	1	3	
Nov	1	—	1		4	—	4	
Dec	—	3	3	12/43	2	—	2	9/39
Totals	28	15	43		21	18	39	

Based on hospital returns only.

Health Visiting

We were very sorry to lose Mrs. Mary Horkan, who retired at the end of November after more than seventeen years with the Department. Her cheerful energy and unfailing initiative will be sadly missed for these are qualities one

can ill afford to lose. However, she carries with her our combined best wishes for a full and happy retirement, which she richly deserves.

The unobtrusive but painstaking work of the Health Visitors is logged at Appendix IX—a bare record of visits, clinics, meetings, lectures and demonstrations—almost 10,000 in number. The pattern is much the same as in the previous year, although there is an apparently dramatic reduction in the visits relating to children on the “At Risk” register, those children whose history or circumstances suggest a need for particularly careful observation during pre-school years. The reduction in the number of these visits by comparison with the preceding year is due to a re-organisation of the work arising from the “At Risk” register and the introduction of development assessments under standard conditions, rather than in the infinitely variable environment of the home. As a result it is believed that these “At Risk” children are better served, although the figure for visits might suggest the contrary.

Staff Retirements

The last day of September brought to an end over 28 years of continuous service with the Board of Health—the retirement of Stanley Le Tocq, Health Inspector. Always the staunchest champion of all things and institutions Guernesiaises, he was never worsted in any argument, as I recall. Golf was his next most fascinating preoccupation, indeed it still is. May he enjoy many a mellow round, not forgetting the nineteenth of course.

We were also sorry to lose our telephonist and “continuity girl”, Mrs. Nancy Dowinton, who had been the public’s first contact with Lukis House for thirteen years. By the end of June the calendar stated that she had reached retirement age and while we found this a little hard to believe, she elected to exercise her prerogative and exit gracefully. We wish her a retirement filled with interest, enjoyment and pleasant company.

Cremations

In 1974 there were 226 cremations, including 8 from elsewhere, the largest number since the Crematorium first became available in 1930. The increase is not dramatic by any means, but indicates a steadily increasing interest in cremation in preference to its alternatives. Here are the numbers for the past five years, the smaller figures in brackets indicating cremations carried out in Guernsey in response to requests from elsewhere, which are not included in the unbracketed total.

1974	218 (8)
1973	206 (4)
1972	213 (4)
1971	212 (5)
1970	177 (7)

The Sexually Transmitted Diseases

Once again my thanks are due to Dr. Strickland and Dr. Cambridge for their excellent work in the management of the Special Treatment Clinics.

Although total attendances are decreased at the male clinic as compared with 1973, the total number of cases treated increased slightly. The female clinic shows yet another substantial increase, new infections up by 35% and 57% of them

occurring to locally resident persons. Three out of every five cases infected are under the age of 20 years, one in three of these young persons contracting gonorrhoea.

The picture is not one to encourage complacency. The sexually transmitted diseases are on the increase and the number of infections contracted locally is increasing. The detailed figures can be compared and examined more easily at Appendix X (Male Section) and Appendix XI (Female Section).

In addition to these 259 new infections the Pathology Laboratory confirmed venereal disease in 39 more cases (27 males, 12 females). The age distribution of these 39 is given below (where known).

<i>Age Group</i>	<i>Male</i>	<i>Female</i>
Under 16 years	0	1
16-19 years	3	1
20-29 „	4	2
30-39 „	2	0
40+ „	2	0
No age given	16	8
	—	—
	27	12
	—	—

ANNUAL HEALTH REPORT ALDERNEY 1974

From Dr. G. R. Barker M.B., B.S., L.R.C.P., M.R.C.S., BSc.,
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Births

Total delivered in Alderney at Mignot Memorial Hospital = 9—4 female
—5 male

(Number delivered in Guernsey as a result of antenatal or first-stage complications not known).

Deaths

Total 24—11 female and 13 male.
2 visitors to Alderney—1 from Jersey and 1 from London.
There was one post-mortem performed.

Cause of Death

Carcinoma of Oesophagus	...	...	...	...	1
Carcinoma of Lung	...	...	...	...	1
Congestive Cardiac Failure	...	...	...	...	3
Ischaemic Heart Disease	...	...	...	...	1
Myocardial Infarction	...	...	..	...	4
Bronchopneumonia	...	...	...	...	3
Cardiovascular Accident	...	...	...	...	4
Lobar Pneumonia	...	...	...	...	1
Uraemia	...	...	...	...	2
Pulmonary Oedema following Epileptiform Fit					1
Accidental Death at Sea	...	...	...	...	1
Pulmonary Embolus	...	...	...	...	2

There were several changes in 1974; Dr. Bell retired and Drs. Margaret and Geoffrey Barker took over his practice on Alderney. Dr. Margaret became the School Medical Officer and Dr. Geoffrey the Deputy Medical Officer of Health.

Alderney also appointed Mrs. J. Herivel as the first District Nurse/Health Visitor on the Island.

The Hospital Management Committee began negotiations with the States of Alderney and the Board of Health in Guernsey to see if the Board of Health would take over the day-to-day administration of the Mignot Memorial Hospital. This would require several changes to the existing order of things. The Trustees had also to decide if they would remain responsible for the buildings. Planning these changes entailed considerable negotiations and occupied much time for the people and politicians in Alderney, in order for takeover to be finalised by 1st January 1975.

1974 has also seen greater use of the hospital facilities with the completion of the 12-bed geriatric wing at the Mignot and the use of the theatre for minor surgery by a visiting anaesthetist and surgeon from Guernsey. Geriatric facilities have been further helped by the completion of the extension to the Jubilee Home. This now offers small, single-room flatlets upstairs and single rooms with full board and domestic care downstairs.

The younger children were also considered and an under-five nursery school opened in the Island Hall. This functions between 9.00 and 12.00 each weekday.

Facilities have also been improved at the Airport Terminal with a new extension aimed at facilitating increasing passenger and freight traffic.

The Rodent Control Officer has been busy dealing with the rat problem in various parts of the Island.

The Deputy Medical Officer of Health, with the help of a Public Health Inspector from Guernsey, has completed the annual inspection of:—

Local cafés, hotels and restaurants.
Grocery and food shops.
The Bakery and Dairy.
The Dairy Farms and Piggery.
The Old People's Home.
The Mignot Hospital.
The Hair Stylists.
The Alderney Oyster and Mussel Farm.
The refuse and sanitation disposal plants.

Advice has been given to the States and Building Inspector on a variety of problems:—

The sewage in Rue Picaterre.
The sewage outfall in Crabby and Longy Bay.
The toilet facilities at the Sailing Club.
The production of Alderney cheese.
The purity and bacteriological content of the water, which is often discoloured and occasionally brackish.

Much time and energy has been spent, in conjunction with the shopkeepers, States of Alderney and Alderney Shipping Company over “The Frozen Food Saga”. This concerned the necessary destruction of frozen foods which had thawed during transit from the wholesaler, due principally to problems inherent in transport arrangements.

In 1974 Alderney has been free from epidemics although some visitors have experienced diarrhoea and vomiting. Several suspect food samples were analysed and found to be blameless.

As Alderney looks forward to 1975 there is concern about the new plans for the administration of the hospital and about the risks of alcoholism and drug taking among young people. Concern is also being expressed about the threat of rabies and the casual way dogs and cats can be brought to Alderney by visiting yachtsmen. While there are notices stating that they must not be landed, help will probably be needed to make sure that this is observed.

G. R .Barker

REPORT OF MR. J. BALL, CHIEF PUBLIC HEALTH INSPECTOR,
FOR THE YEAR 1974

INTRODUCTORY

After nearly 29 years service with the Board of Health, Public Health Department, Mr. S. A. Le Tocq retired on October 14th. We wish him well.

A defective lift pump system serving some 30 dwellings on a private sewer was rectified to working satisfaction during the course of the year.

Another perhaps significant incident was the closure of a large dwelling in the Town, frequented by numerous vagrants and alcoholics, the exact numbers and names not being ascertainable: two fires, in addition to general filth and disrepair and the insanitary habits of the occupants rendered this action necessary.

STATISTICAL

The total number of formal complaints made during the year was 1470 (1179 in 1973). Rodent control statistics are referred to later in this report.

The following table includes classified routine and special visits and inspections carried out by Public Health Inspectors in the general category (i.e. excluding food matters).

CLASSIFIED VISITS AND INSPECTIONS—GENERAL
(including both inspections and re-inspections)

	<i>Whole Year</i> 1974	1973
Housing inspections	280	267
Houses in multiple occupation	9	5
Overcrowding complaints	20	2
Drainage—general	358	202
Drain tests applied	49	66
Septic tanks	13	10

	<i>Whole Year</i> 1974	1973
Public sewers	27	17
Water supplies	37	18
Public conveniences	64	54
Verminous premises—visits	69	69
Disinfestations	100	125
Atmospheric nuisances	82	61
Noise nuisances	17	49
Refuse accumulations	125	135
Controlled tips	33	54
Infectious disease investigations	9	5
Infectious disease other visits	12	16
Workplaces	5	2
Factories	2	2
Schools	—	2
Caravans	11	1
Camping sites	8	10
Rodent control investigations	82	82
Streams etc.	34	55
Plans inspected	32	75
Island Development Committee visits	11	15
Swimming pool water (Bact.)	—	1
Swimming pool water (Cl ₂ & pH)	153	254
Visits to Herm	7	6
Visits to Alderney	3	6
Visits to Jethou (advice only)	1	—
Visits with other departments	41	76
Miscellaneous visits	230	224
Unsuccessful visits (i.e. no access)	76	84
Complaints from Parochial authorities	13	37
Visits to temporary structures (Airport)	20	—
Special water samples	3	—
Lectures (food hygiene, etc.)	11	5
Vessels	2	—
Abandoned vehicles	9	—

(NOTE: It has been decided to return to the previous system of recording visits and inspections, which is less confusing, makes better comparison and is clearer for the reader to follow).

HOUSING

Eleven dwellings were formally closed during the year (eight in 1973) including the large dwelling referred to under the 'Introductory' heading. Also two dwellings of some charm and antiquity (externally) but improvised internally with attempted 'modern facilities' provided by the tenants (two uncomplaining old age pensioners) who were rehoused promptly and satisfactorily.

It is interesting to note that the total rent for the two dwellings was merely 37p per week. The landlord did not bother to collect it.

FOOD CARE AND HYGIENE, FOOD PREMISES

The following table refers to the activities of the Public Health Inspector in the field of food control, food preparation premises and food hygiene.

CLASSIFIED INSPECTIONS AND VISITS—FOOD

	<i>Whole Year</i> 1974	1973
Sampling—food	59	38
—milk	—	1
—ice cream	1	—
—water	57	48
Food consumer complaints	97	78
Food complaints—other visits	163	163
Food surrender	233	184
Restaurants, cafes, etc.	138	152
Bakehouses	28	23
Canteens	8	1
Public houses	34	16
Hotels, guest houses	171	219
States Dairy and milk depots	22	32
Dairy farms	29	23
Ice cream and food registrations	5	16
Wetfish dealers	1	—
Fish and chip shops	35	23
Grocers	101	82
Greengrocers	5	5
Butchers	80	45
Confectioners (bakery)	10	12
Kiosks (beach etc.)	38	28
Food factories	52	46
Retail markets, States markets	32	19
Mobile vehicles	12	4
Wholesale/storage depots	39	36
Visits with other departments	102	178
Miscellaneous visits	196	199
Unsuccessful visits (i.e. no access)	51	36
Food poisoning—investigations	6	13
Food poisoning—other visits	—	16
Slaughterhouse	4	6
Supervision of destruction of unfit and surrendered food	121	128
Examination of food (special)	3	5
Examination of food (other than surrendered food)	4	—

(Please refer to NOTE at conclusion of statistics Classified Visits and Inspections—General).

Slaughterhouse: Certain minor improvements were effected during the year.

FOOD COMPLAINTS

There were 97 such complaints (78 in 1973). One complaint relating to the presence of pieces of plastics in an Oriental foodstuff was referred formally to

the Board and resulted in prosecution: a penalty of £15 was awarded against the offending restaurateur.

Samples submitted to the States Analyst for Chemical Analysis

Amongst the samples submitted were the following:

Grapefruit segments and juices
 Bread
 Butter
 Pork chops and legs of lamb, liver, fish
 Cream
 Scampi
 Salmon, queen scallops
 Milk
 Bacon
 Child's building blocks (re suspected lead—result negative)
 Sausages
 Chow-chow—plastic pieces found resulting in prosecution
 Chocolate
 Well waters
 Beer

Following the results of the analyses, which were mainly negative or accountable, the complainants and enquirers were advised.

Doubtful or outdated food stocks were all destroyed or withdrawn from sale by the voluntary co-operation of the manufacturers and retailers concerned.

Samples taken for Bacteriological Examination

Of the 106 samples taken the vast majority were (i) shellfish, and (ii) water-wells and boreholes (including samples from Alderney and Sark). All unsatisfactory results were referred to enquirers and producers, with appropriate recommendations.

Foodstuffs voluntarily surrendered

Amongst the main items taken into surrender were the following:

Bacon	...	...	...	...	1396	lbs.
Forehock	...	...	...	...	44	lbs.
Ham	...	...	...	...	479	lbs.
Lamb	...	...	...	...	2931	lbs.
Pork	...	...	...	...	536	lbs.
Tinned meat	...	...	...	...	625	lbs.
Beef	...	...	...	...	1837	lbs.
Sausages	...	...	...	...	40	lbs.
Meat pies	...	...	...	...	2119	number
Liver	...	...	...	...	542	lbs.
Queen scallops	...	...	...	...	1674	lbs.
Fish—various	...	...	...	...	447	lbs.
Fish cakes	...	...	...	...	236	dozen
Petits poussins	...	...	...	...	486	number
Cheese	...	...	...	...	1942	lbs.
Quick frozen foods	...	...	...	...	6364	packets
Fruit	...	...	...	...	1614	lbs.
Margarine	...	...	...	...	4907	lbs.

Butter	...	...	...	...	976	lbs.
Biscuits	...	...	...	...	711	packets
Soup	...	...	...	...	96	packets
Chocolate	...	...	...	...	268	boxes
Jelly crystals	...	...	...	...	217	lbs.
Chestnuts	...	...	...	...	1435	lbs.
Fruit squashes	...	...	...	...	4320	bottles
Soft drinks	...	...	...	...	1497	bottles
Miscellaneous item and assorted foods	...	...	...	...	2537	bottles, jars, tins, packets, etc.

COMMENTS

Much deterioration of food was caused by problems during transit, delays, damage etc.

The bulk of margarine and cheese was withdrawn on instructions of the manufacturers: similarly fruit squash and soft drinks.

Biscuits, soup, chocolate, pastry mixes, jams, jelly crystals and salt were all damaged in transit.

The figure of 625 lbs. of tinned meat surrendered is relatively low when compared against previous years.

DISINFESTATION

100 disinfestations were carried out (all against the human flea): much of the work involved was undertaken by the rodent control staff.

ALDERNEY

This island was visited on three occasions in response to requests.

HERM

Herm was visited on seven occasions. Certain desirable improvement proposals were discussed with the Hotel Group management and chairman. Environmentally the island is satisfactory, presenting a good image to the visitor.

RODENT CONTROL

2752 complaints were received and treatments carried out (2594 in the year 1973).

Percentage categories were as follows:

Scheduled sector	...	...	...	...	40% approximately (43% in 1973)
Non-scheduled sector	...	...	...	...	60% approximately (57% in 1973)

(NOTE: Broadly speaking 'scheduled properties' comprise domestic and States' owned premises: 'non-scheduled properties' are therefore principally commercial and business premises).

HEALTH EDUCATION

Several lectures were delivered on the subject of food hygiene to senior staffs of the major food firms.

SHORT CONFERENCES

Two members of staff attended the annual refresher seminar at Canterbury. The Chief Public Health Inspector attended the Environmental Health Congress at Torquay during the latter part of the year.

PUBLIC HEALTH DEPARTMENT—FINANCE 1974

(The figures for 1973 are shown in brackets—adjusted to the nearest £1. Because there has been an increase in the number of sub-headings, some figures for 1973 are not available).

Analyst's Fees	...	...	...	...	...	...	...	£1365.34	
Cleaning, Fuel, Light & Water	...	...	...	...	...	...	...	3110.97	(2519)
Infectious Diseases:									
Doctors' Fees	...	...	...	...	£2090.12		(1342)		
Drugs, Vaccines etc.	...	...	...	...	2636.95		(3926)		
								4727.07	(5268)
Office Equipment & Furniture	...	...	...	...	...	...	...	659.36	
Postage, Stationery & Telephone	...	...	...	...	...	...	...	2095.98	(1343)
Rodent & Pest Control Materials	...	...	...	...	...	...	...	840.96	
Salaries & Wages	...	...	...	...	...	...	...	62582.66	(49128)
Special Treatment Clinic	...	...	...	...	...	...	...	5040.30	(3511)
Staff Training	...	...	...	...	...	...	...	316.48	
Superannuation less Employees' Contributions	...	...	...	...	...	...	...	6009.75	(5397)
Upkeep and Repair of Building	...	...	...	...	...	...	...	830.18	
Travelling Expenses	...	...	...	...	...	...	...	5425.66	(4078)
Other Expenses	...	...	...	...	...	...	...	1787.24	(3559)
								94791.95	(74803)
Less Recoveries from Education Council	...	...	...	...	...	...	...	10300.00	(9350)
								£84,491.95	(65,453)

APPENDIX I

YEAR	Guernsey Estimated Population to middle of each year	BIRTHS		DEATHS			DEATHS Under 1 year	
		No.	Rate per 1,000 pop.	No.	Crude Rate per 1,000 pop.	Corrected Rate per 1,000 pop.	No.	Rate per 1,000 Births
1948	43,179	870	20.2	445	10.4	7.3	17	10.5
1949	44,374	795	17.9	495	11.1	7.7	20	25.1
1950	44,792	746	16.6	480	10.7	7.4	22	29.5
1951	44,498	775	17.4	510	11.4	8.0	11	14.2
1952	43,367	736	16.9	464	10.7	7.5	24	32.6
1953	44,158	727	16.5	456	10.4	7.3	23	31.6
1954	43,414	689	15.8	492	11.3	7.9	9	13.1
1955	42,073	667	15.9	423	10.0	7.0	18	26.9
1956	41,149	701	17.0	495	12.0	8.4	14	19.9
1957	40,721	725	17.8	517	12.7	8.89	24	33.0
1958	43,450	717	16.5	497	11.4	7.98	16	22.3
1959	43,950	709	16.1	498	11.3	7.91	14	19.7
1960	44,700	769	17.2	491	10.9	7.63	11	14.3
1961	45,000	757	16.8	569	12.6	8.82	16	21.1
1962	45,203	797	17.6	569	12.5	8.68	15	17.6
1963	45,339	842	18.5	542	11.7	8.21	24	28.5
1964	45,475	891	19.6	540	11.89	10.22	19	21.32
1965	45,611	816	17.9	568	12.45	10.71	16	19.61
1966	45,747	780	17.05	564	12.3	10.57	13	16.6
1967	45,881	741	16.14	546	11.46	9.83	21	28.34
1968	46,182	752	16.28	656	14.2	12.21	16	21.28
1969	46,343	830	17.91	643	13.87	11.93	14	16.87
1970	46,505	794	17.07	616	13.24	11.39	13	16.37
1971	49,399 *	768	15.55	646	13.08	11.90	10	13.02
1972	49,972	790	15.81	576	11.53	10.49	14	17.72
1973	50,552	653	12.92	595	11.77	10.71	12	18.38
1974	51,138	679	13.28	610	11.93	10.86	9	13.25

* Census figure.

APPENDIX II—POPULATION BY AGE GROUPS 1961-1971—GUERNSEY BAILIWICK

Age last Birthday	1961		1971		Percentage inc. or dec.(-) 1961-1971				
	Persons	Males	Females	Persons	Males	Females			
0- 4	3706	1912	1794	4033	1994	2039	8.82	4.29	13.66
5- 9	3481	1809	1672	4324	2214	2110	24.22	22.39	26.19
10-14	4075	2076	1999	4044	2052	1992	(-)0.76	(-)1.15	(-)0.35
15-24	5706	2853	2853	7885	3984	3901	38.19	39.64	36.73
25-34	5693	2826	2867	6417	3229	3188	12.72	14.26	11.20
35-44	6011	2955	3056	6154	3030	3124	2.38	2.54	2.23
45-54	6392	3155	3237	6468	3115	3353	1.19	(-)1.27	3.58
55-64	5588	2587	3001	6611	3147	3464	18.31	21.65	15.43
65+	6447	2545	3902	7798	3113	4685	20.96	22.32	20.07
All ages	47099	22718	24381	53734	25878	27856	14.09	13.91	14.25

BAILIWICK BY ISLANDS

	Guernsey (inc. Herm and Jethou)						Alderney						Sark (inc. Brecqhou)					
	1961			1971			1961			1971			1961			1971		
	Persons	Male	Female	Persons	Male	Female	Persons	Male	Female	Persons	Male	Female	Persons	Male	Female	Persons	Male	Female
0- 4	3572	1829	1743	3885	1928	1957	104	62	42	123	53	70	30	21	9	25	13	12
5- 9	3337	1726	1611	4187	2148	2039	120	69	51	104	50	54	24	14	10	33	16	17
10-14	3940	2006	1934	3927	1988	1939	108	57	51	90	48	42	27	13	14	27	16	11
15-24	5487	2737	2750	7654	3876	3778	159	88	71	174	82	92	60	28	32	57	26	31
25-34	5432	2675	2757	6157	3097	3060	194	117	77	182	98	84	67	34	33	78	34	44
35-44	5737	2810	2927	5888	2888	3000	204	109	95	202	103	99	70	36	34	64	39	25
45-54	6124	3038	3086	6149	2977	3172	183	80	103	243	108	135	85	37	48	76	30	46
55-64	5267	2436	2831	6228	2976	3252	206	98	108	279	123	156	115	53	62	104	48	56
65+	6172	2414	3758	7383	2914	4469	194	97	97	289	132	157	81	34	47	126	67	59
All ages	45068	21671	23397	51458	24792	26666	1472	777	695	1686	797	889	559	270	289	590	289	301

APPENDIX III RESIDENT DEATH OCCURRENCES

Group	Cause of Death	M Total all ages	F Total all ages	1974 Grand Total	M F Under 1	M F 1	M F 2	M F 3	M F 4	M F 5-9
I	Infective and Parasitic Diseases	2	1	3	- -	- -	- -	- -	- -	- -
II	Neoplasms	69	68	137	- -	- -	- -	- -	1 -	- -
III	Endocrine, Nutritional and Metabolic Diseases	3	5	8	- -	- -	- -	- -	- -	- -
IV	Diseases of the Blood and Blood-forming Organs	1	1	2	- -	- -	- -	- -	- -	- -
V	Mental Disorders	2	1	3	- -	- -	- -	- -	- -	- -
VI	Diseases of the Nervous System and Sense Organs	3	3	6	- -	- -	- -	- -	- -	1 -
VII	Diseases of the Circulatory System	146	173	319	- -	- -	- -	- -	- -	- -
VIII	Diseases of the Respiratory System	37	28	65	2 -	1 -	- -	- -	- -	- -
IX	Diseases of the Digestive System	11	13	24	- -	- -	- -	- -	- -	- -
X	Diseases of the Genito-Urinary System	3	2	5	1 -	- -	- -	- -	- -	- -
XI	Complications of Pregnancy, Childbirth and the Puerperium	-	1	1	- -	- -	- -	- -	- -	- -
XII	Diseases of the Skin and Subcutaneous Tissue	-	-	-	- -	- -	- -	- -	- -	- -
XIII	Diseases of the Musculoskeletal System and Connective Tissue	-	3	3	- -	- -	- -	- -	- -	- -
XIV	Congenital Anomalies	2	1	3	2 -	- -	- -	- -	- -	- -
XV	Certain Causes of Perinatal Morbidity and Mortality	4	-	4	4 -	- -	- -	- -	- -	- -
XVI	Symptoms and Ill-defined Conditions	1	7	8	- -	- -	- -	- -	- -	- -
NXVII	Accidents, Poisonings and Violence (Nature of Injury)	13	6	19	- -	- -	- -	1 -	- -	- 1
* includes 4 deaths notified from the mainland		297	313	610*	9 -	1 -	- -	1 -	1 -	1 1

BY AGE GROUPS - SUMMARY

M F	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F
10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85-89	90-94	95+
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Group	Inter-national List No.	Cause of Death	M F Total all ages	1974 Grand Total	M F Under 1	M F 1	M F 2	M F 3	M F 4	M F 5-9
I		<u>Infective and Parasitic Diseases</u>								
	011	Pulmonary Tuberculosis	1 -	1	- -	- -	- -	- -	- -	- -
	019	Late Effects of Tuberculosis	1 -	1	- -	- -	- -	- -	- -	- -
	070	Infectious Hepatitis	- 1	1	- -	- -	- -	- -	- -	- -
		Totals: GROUP I	2 1	3	- -	- -	- -	- -	- -	- -
II		<u>Neoplasms</u>								
	145	Malignant Neoplasm of other and unspecified part of mouth	1 -	1	- -	- -	- -	- -	- -	- -
	146	Malignant Neoplasm of Oropharynx	1 -	1	- -	- -	- -	- -	- -	- -
	149	Malignant Neoplasm of Pharynx, unspecified	- 1	1	- -	- -	- -	- -	- -	- -
	150	Malignant Neoplasm of Oesophagus	1 -	1	- -	- -	- -	- -	- -	- -
	151	Malignant Neoplasm of Stomach	6 5	11	- -	- -	- -	- -	- -	- -
	153	Malignant Neoplasm of Large Intestine, except Rectum	10 9	19	- -	- -	- -	- -	- -	- -
	154	Malignant Neoplasm of Rectum and Rectosigmoid Junction	6 4	10	- -	- -	- -	- -	- -	- -
	155	Malignant Neoplasm of Liver and Intrahepatic Bile Ducts, specified as primary	- 1	1	- -	- -	- -	- -	- -	- -
	156	Malignant Neoplasm of Gallbladder and Bile Ducts	- 1	1	- -	- -	- -	- -	- -	- -
	157	Malignant Neoplasm of Pancreas	- 3	3	- -	- -	- -	- -	- -	- -
	159	Malignant Neoplasm of Unspecified Digestive Organs	1 -	1	- -	- -	- -	- -	- -	- -
	161	Malignant Neoplasm of Larynx	1 -	1	- -	- -	- -	- -	- -	- -
	162	Malignant Neoplasm of Trachea, Bronchus and Lung	22 8	30	- -	- -	- -	- -	- -	- -
	170	Malignant Neoplasm of Bone	1 1	2	- -	- -	- -	- -	- -	- -
	171	Malignant Neoplasm of Connective and other soft tissue	- 1	1	- -	- -	- -	- -	- -	- -
	172	Malignant Melanoma of Skin	- 2	2	- -	- -	- -	- -	- -	- -
	174	Malignant Neoplasm of Breast	- 9	9	- -	- -	- -	- -	- -	- -
	180	Malignant Neoplasm of Cervix Uteri	- 3	3	- -	- -	- -	- -	- -	- -
	182	Other Malignant Neoplasm of Uterus	- 2	2	- -	- -	- -	- -	- -	- -
	183	Malignant Neoplasm of Ovary, Fallopian Tube, and Broad Ligament	- 4	4	- -	- -	- -	- -	- -	- -
	184	Malignant Neoplasm of Other and Unspecified Female Genital Organs	- 2	2	- -	- -	- -	- -	- -	- -
	185	Malignant Neoplasm of Prostate	5 -	5	- -	- -	- -	- -	- -	- -
	188	Malignant Neoplasm of Bladder	3 1	4	- -	- -	- -	- -	- -	- -
	189	Malignant Neoplasm of Other and Unspecified Urinary Organs	1 -	1	- -	- -	- -	- -	- -	- -
	191	Malignant Neoplasm of Brain	1 -	1	- -	- -	- -	- -	- -	- -
	192	Malignant Neoplasm of other parts of Nervous System	1 -	1	- -	- -	- -	- -	1 -	- -
	195	Malignant Neoplasm of Ill-Defined Sites	1 1	2	- -	- -	- -	- -	- -	- -
	197	Secondary Malignant Neoplasm of Respiratory and Digestive Systems	1 -	1	- -	- -	- -	- -	- -	- -
	199	Malignant Neoplasm without Specification of Site	1 3	4	- -	- -	- -	- -	- -	- -
	200	Lymphosarcoma and Reticulum-Cell Sarcoma	1 -	1	- -	- -	- -	- -	- -	- -
	201	Hodgkin's Disease	2 1	3	- -	- -	- -	- -	- -	- -
	203	Multiple Myeloma	- 1	1	- -	- -	- -	- -	- -	- -
	204	Lymphatic Leukaemia	1 -	1	- -	- -	- -	- -	- -	- -
	205	Myeloid Leukaemia	1 4	5	- -	- -	- -	- -	- -	- -
	207	Other and Unspecified Leukaemia	- 1	1	- -	- -	- -	- -	- -	- -
		Totals: GROUP II	69 68	137	- -	- -	- -	- -	1 -	- -
III		<u>Endocrine, Nutritional and Metabolic Diseases</u>								
	250	Diabetes Mellitus	3 5	8	- -	- -	- -	- -	- -	- -
IV		<u>Diseases of Blood and Blood-forming Organs</u>								
	284	Aplastic Anaemia	1 -	1	- -	- -	- -	- -	- -	- -
	287	Purpura and Other Haemorrhagic Conditions	- 1	1	- -	- -	- -	- -	- -	- -
		Totals: GROUP IV	1 1	2	- -	- -	- -	- -	- -	- -
V		<u>Mental Disorders</u>								
	294	Psychosis Associated with other Physical Condition	1 -	1	- -	- -	- -	- -	- -	- -
	303	Alcoholism	1 1	2	- -	- -	- -	- -	- -	- -
		Totals: GROUP V	2 1	3	- -	- -	- -	- -	- -	- -
VI		<u>Diseases of the Nervous System and Sense Organs</u>								
	321	Phlebitis and Thrombophlebitis of Intracranial Venous Sinuses	1 -	1	- -	- -	- -	- -	- -	- -
	341	Other Demyelinating Diseases of Central Nervous System	1 -	1	- -	- -	- -	- -	- -	1 -
	344	Other Cerebral Paralysis	- 1	1	- -	- -	- -	- -	- -	- -
	345	Epilepsy	1 1	2	- -	- -	- -	- -	- -	- -
	348	Motor Neurone Disease	- 1	1	- -	- -	- -	- -	- -	- -
		Totals: GROUP VI	3 3	6	- -	- -	- -	- -	- -	1 -
VII		<u>Diseases of the Circulatory System</u>								
	394	Diseases of the Mitral Valve	2 2	4	- -	- -	- -	- -	- -	- -
	395	Diseases of the Aortic Valve	1 2	3	- -	- -	- -	- -	- -	- -
		carried forward	3 4	7	- -	- -	- -	- -	- -	- -

(i.e. not including visitors but including residents dying elsewhere)

M F	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F
10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85-89	90-94	95+
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Group	Inter-national List No.	Cause of Death	M F Total all ages	1974 Grand Total	M F Under 1	M F 1	M F 2	M F 3	M F 4	M F 5-9
		brought forward	3 4	7	- -	- -	- -	- -	- -	- -
		<u>Group VII (continued)</u>								
	396	Diseases of Mitral and Aortic Valves	- 1	1	- -	- -	- -	- -	- -	- -
	397	Diseases of Other Endocardial Structures	2 -	2	- -	- -	- -	- -	- -	- -
	398	Other Heart Disease, Specified as Rheumatic	- 1	1	- -	- -	- -	- -	- -	- -
	400	Malignant Hypertension	1 -	1	- -	- -	- -	- -	- -	- -
	401	Essential Benign Hypertension	- 2	2	- -	- -	- -	- -	- -	- -
	402	Hypertensive Heart Disease	1 14	15	- -	- -	- -	- -	- -	- -
	410	Acute Myocardial Infarction	44 24	68	- -	- -	- -	- -	- -	- -
	411	Other Acute and Sub-acute Forms of Ischaemic Heart Disease	1 -	1	- -	- -	- -	- -	- -	- -
	412	Chronic Ischaemic Heart Disease	35 19	54	- -	- -	- -	- -	- -	- -
	425	Cardiomyopathy	2 1	3	- -	- -	- -	- -	- -	- -
	426	Pulmonary Heart Disease	2 -	2	- -	- -	- -	- -	- -	- -
	427	Symptomatic Heart Disease	3 6	9	- -	- -	- -	- -	- -	- -
	428	Other Myocardial Insufficiency	- 2	2	- -	- -	- -	- -	- -	- -
	429	Ill-defined Heart Disease	- 1	1	- -	- -	- -	- -	- -	- -
	430	Subarachnoid Haemorrhage	2 1	3	- -	- -	- -	- -	- -	- -
	431	Cerebral Haemorrhage	6 4	10	- -	- -	- -	- -	- -	- -
	433	Cerebral Thrombosis	5 14	19	- -	- -	- -	- -	- -	- -
	436	Acute but Ill-defined Cerebrovascular Disease	1 1	2	- -	- -	- -	- -	- -	- -
	437	Generalized Ischaemic Cerebrovascular Disease	18 31	49	- -	- -	- -	- -	- -	- -
	438	Other and Ill-defined Cerebrovascular Disease	- 1	1	- -	- -	- -	- -	- -	- -
	440	Arteriosclerosis	17 41	58	- -	- -	- -	- -	- -	- -
	441	Aortic Aneurysm (non-syphilitic)	1 -	1	- -	- -	- -	- -	- -	- -
	444	Arterial Embolism and Thrombosis	1 -	1	- -	- -	- -	- -	- -	- -
	445	Gangrene	- 1	1	- -	- -	- -	- -	- -	- -
	450	Pulmonary Embolism and Infarction	1 4	5	- -	- -	- -	- -	- -	- -
		Totals: GROUP VII	146 173	319	- -	- -	- -	- -	- -	- -
VIII		<u>Diseases of the Respiratory System</u>								
	466	Acute Bronchitis and Bronchiolitis	3 -	3	2 -	- -	- -	- -	- -	- -
	480	Viral Pneumonia	- 1	1	- -	- -	- -	- -	- -	- -
	481	Pneumococcal Pneumonia	- 2	2	- -	- -	- -	- -	- -	- -
	485	Bronchopneumonia, Unspecified	10 11	21	- -	1 -	- -	- -	- -	- -
	486	Pneumonia, Unspecified	- 3	3	- -	- -	- -	- -	- -	- -
	490	Bronchitis, Unqualified	1 2	3	- -	- -	- -	- -	- -	- -
	491	Chronic Bronchitis	11 2	13	- -	- -	- -	- -	- -	- -
	492	Emphysema	8 -	8	- -	- -	- -	- -	- -	- -
	510	Empyema	- 1	1	- -	- -	- -	- -	- -	- -
	514	Pulmonary Congestion and Hypostasis	- 6	6	- -	- -	- -	- -	- -	- -
	517	Other Chronic Interstitial Pneumonia	2 -	2	- -	- -	- -	- -	- -	- -
	518	Bronchiectasis	2 -	2	- -	- -	- -	- -	- -	- -
		Totals: GROUP VIII	37 28	65	2 -	1 -	- -	- -	- -	- -
IX		<u>Diseases of the Digestive System</u>								
	530	Diseases of Oesophagus	1 -	1	- -	- -	- -	- -	- -	- -
	531	Ulcer of Stomach	2 4	6	- -	- -	- -	- -	- -	- -
	532	Ulcer of Duodenum	2 -	2	- -	- -	- -	- -	- -	- -
	535	Gastritis and Duodenitis	- 1	1	- -	- -	- -	- -	- -	- -
	562	Diverticula of Intestine	2 -	2	- -	- -	- -	- -	- -	- -
	571	Cirrhosis of Liver	2 5	7	- -	- -	- -	- -	- -	- -
	574	Cholelithiasis	1 -	1	- -	- -	- -	- -	- -	- -
	576	Other Diseases of Gallbladder and Biliary Ducts	1 2	3	- -	- -	- -	- -	- -	- -
	577	Diseases of Pancreas	- 1	1	- -	- -	- -	- -	- -	- -
		Totals: GROUP IX	11 13	24	- -	- -	- -	- -	- -	- -
X		<u>Diseases of Genito-Urinary System</u>								
	582	Chronic Nephritis	1 -	1	- -	- -	- -	- -	- -	- -
	590	Infections of Kidney	2 1	3	1 -	- -	- -	- -	- -	- -
	591	Hydronephrosis	- 1	1	- -	- -	- -	- -	- -	- -
		Totals: GROUP X	3 2	5	1 -	- -	- -	- -	- -	- -
XI		<u>Complications of Pregnancy, Childbirth and the Puerperium</u>								
	638	Hyperemesis Gravidarum	- 1	1	- -	- -	- -	- -	- -	- -
XIII		<u>Diseases of the Musculoskeletal System and Connective Tissue</u>								
	710	Acute Arthritis due to Pyogenic Organisms	- 1	1	- -	- -	- -	- -	- -	- -
	712	Rheumatoid Arthritis and Allied Conditions	- 1	1	- -	- -	- -	- -	- -	- -
	713	Osteo-arthritis and Allied Conditions	- 1	1	- -	- -	- -	- -	- -	- -
		Totals: GROUP XIII	- 3	3	- -	- -	- -	- -	- -	- -

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Group	Inter- national List No.	Cause of Death	M F Total all ages	1974 Grand Total	M F Under 1	M F 1	M F 2	M F 3	M F 4	M F 5-9
XIV		<u>Congenital Anomalies</u>								
	746	Congenital Anomalies of Heart	1 1	2	1 -	- -	- -	- -	- -	- -
	756	Other Congenital Anomalies of Musculoskeletal System	1 -	1	1 -	- -	- -	- -	- -	- -
		Totals: GROUP XIV	2 1	3	2 -	- -	- -	- -	- -	- -
XV		<u>Certain Causes of Perinatal Morbidity and Mortality</u>								
	776	Anoxic and Hypoxic Conditions not Elsewhere Classified	2 -	2	2 -	- -	- -	- -	- -	- -
	777	Immaturity, Unqualified	2 -	2	2 -	- -	- -	- -	- -	- -
		Totals: GROUP XV	4 -	4	4 -	- -	- -	- -	- -	- -
XVI		<u>Symptoms and Ill-defined Conditions</u>								
	782	Symptoms referable to Cardiovascular and Lymphatic System	- 1	1	- -	- -	- -	- -	- -	- -
	792	Uraemia	1 1	2	- -	- -	- -	- -	- -	- -
	794	Senility without mention of Psychosis	- 5	5	- -	- -	- -	- -	- -	- -
		Totals: GROUP XVI	1 7	8	- -	- -	- -	- -	- -	- -
XVII		<u>Accidents, Poisonings and Violence (Nature of Injury)</u>								
	801	Fracture of Base of Skull	1 -	1	- -	- -	- -	- -	- -	- -
	808	Fracture of Pelvis	1 -	1	- -	- -	- -	- -	- -	- -
	820	Fracture of Neck of Femur	- 1	1	- -	- -	- -	- -	- -	- -
	851	Cerebral Laceration and Contusion	- 1	1	- -	- -	- -	- -	- -	- -
	852	Subarachnoid, Subdural and Extradural Haemorrhage, following Injury (without mention of cerebral laceration or contusion)	- 1	1	- -	- -	- -	- -	- -	- 1
	869	Internal Injury, Unspecified or Involving Intrathoracic and Intraabdominal Organs	1 -	1	- -	- -	- -	- -	- -	- -
	933	Foreign Body in Pharynx and Larynx	2 -	2	- -	- -	- -	- -	- -	- -
	948	Burn Involving Face, Head and Neck with Trunk and Limb(s)	2 -	2	- -	- -	- -	- -	- -	- -
	967	Adverse Effect of Other Sedatives and Hypnotics	- 1	1	- -	- -	- -	- -	- -	- -
	994	Effects of Other External Causes	3 2	5	- -	- -	- -	- -	- -	- -
	996	Injury, Other and Unspecified	2 -	2	- -	- -	- -	1 -	- -	- -
	998	Other Complications of Surgical Procedures	1 -	1	- -	- -	- -	- -	- -	- -
		Totals: GROUP NXVII	13 6	19	- -	- -	- -	1 -	- -	- 1

[illegible]

APPENDIX V

ACCIDENTS, POISONINGS & VIOLENCE - EXTERNAL CAUSE OF DEATH (the deaths detailed below are included in APPENDIX V categorised under the NATURE OF INJURY)

national List No.	Cause of Death Group EXVII	Sub Totals M F	Grand Total 1974	AGE GROUPS										65-69	70-74	75-79	80-84	85-89
				3	4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	
				M F	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F
E814	Motor vehicle traffic accident involving collision with pedestrian	2 1	3	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	1 -	- -	- -	- 1	- -
E823	Motor vehicle non-traffic accident of other and un- specified nature	1 -	1	- -	- -	- -	- -	- -	- -	1 -	- -	- -	- -	- -	- -	- -	- -	- -
E830	Accident to watercraft causing submersion	1 -	1	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	1 -	- -	- -	- -
E880	Fall on or from stairs or steps	- 1	1	- -	- -	- 1	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -
E882	Fall from or out of building or other structure	2 -	2	1 -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	1 -	- -	- -	- -
E884	Other fall from one level to another	- 1	1	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- 1
E890	Accident caused by con- flagration in private dwelling	2 -	2	- -	- -	- -	- -	- -	- -	- -	- -	1 -	1 -	- -	- -	- -	- -	- -
E911	Inhalation and ingestion of food causing obstruction or suffocation	2 -	2	- -	- -	- -	- -	- -	1 -	- -	- -	- -	- -	- -	- -	- -	- -	- -
E930	Complications and mis- adventures in operative therapeutic procedures	1 -	1	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	1 -	- -
E950	Suicide and self-inflicted poisoning by solid or liquid substances	- 1	1	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- 1	- -	- -
E953	Suicide and self-inflicted injury by hanging, strangulation & suffocation	2 2	4	- -	- -	- -	- -	- 1	1 -	- -	- -	- -	- -	1 -	- -	- -	- -	- -
		13 6	19	1 -	- -	- 1	- -	- 1	2 -	1 -	- -	1 -	2 -	2 -	2 -	- 1	2 -	- 1

APPENDIX VI

NON-RESIDENT DEATH OCCURRENCES (not included in main table or vital statistics)

Group	International List No.	Total all ages		15-19		20-24		25-29		30-34		35-39		40-44		45-49		50-54		55-59		60-64		65-69		70-74		75-79		80-84		85-89		90-94		95+		
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
II	150	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	174	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	182	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	401	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	402	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
VII	410	13	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	2	-	4	-	2	1	1	1	1	2	1	-	-	-	-	-	-	-	
	412	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	427	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	431	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	440	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	441	3	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	485	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	491	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	515	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	560	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
IX XVII	N 994	17	2	1	-	5	1	3	-	1	-	2	-	2	-	2	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	N 995	2	-	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
		39	16	55	1	5	1	3	-	3	-	2	-	2	-	2	-	2	1	3	1	5	-	2	2	2	4	1	3	5	-	-	4	-	-	-	1	-
	E830	15	1	16	1	4	1	3	-	1	-	2	-	2	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	E902	2	-	2	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
E953	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
E954	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
E984	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	19	2	21	1	5	1	3	-	3	-	2	-	2	-	2	-	2	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Note: For explanation of the International List No. please refer to main table at Appendix IV.
The following are not in the main table.

- 515 Pneumoconiosis due to silica and silicates
- 560 Intestinal obstruction without mention of hernia
- 995 Certain early complications of trauma
- 830 Accident to water-craft causing submersion
- 902 High and Low air pressure
- 953 Suicide and self inflicted injury by hanging, strangulation and suffocation
- 954 Suicide and self inflicted injury by submersion (drowning)
- 984 Submersion (drowning), undetermined whether accidentally or purposely inflicted

APPENDIX VII

Cancer mortality 1974 (and four preceding years)

Cancer—all forms

	Deaths—numbers		Deaths per 1,000 population		
	Guernsey	Jersey	Guernsey	Jersey	England & Wales
1970	91	162	2.0	2.5	2.4
1971	149	184	3.0	2.6	2.4
1972	131	222	2.6	3.1	2.4
1973	129	183	2.6	2.5	2.4
1974	137	172	2.7	2.4	*2.5

Lung cancer deaths

Year	Deaths—numbers		Deaths per million population		
	Guernsey	Jersey	Guernsey	Jersey	England & Wales
1970	20	41	430	631	643
1971	39	50	790	694	630
1972	37	62	740	861	646
1973	32	55	633	764	654
1974	30	53	587	736	*670

Lung cancer—death rates per million by sex—1974
(figures in brackets refer to 1973)

	M	F	Population
Guernsey	895 (1,070)	301 (229)	587 (633)
Jersey	1,026 (1,054)	461 (488)	736 (764)
England and Wales	*1,102 (1,088)	*260 (243)	*670 (654)

* Private communication.

APPENDIX VIII

INFANT DEATHS 1974—CAUSES

Cause of Infant Deaths—Age under one month—1974

<i>International Classification</i>		<i>M</i>	<i>F</i>	<i>Total</i>
590	Infections of Kidney	1	—	1
756	Other congenital anomalies of musculoskeletal system	1	—	1
776	Anoxic and hypoxic conditions not elsewhere classified	2	—	2
777	Immaturity, unqualified	2	—	2
		—	—	—
		6	—	6
		—	—	—

Includes 1 notification received from mainland hospital.

Cause of Infant Deaths—Age from one month to one year—1974

466	Acute bronchitis and bronchiolitis	2	—	2
746	Congenital anomalies of heart	1	—	1
		—	—	—
		3	—	3
		—	—	—

Includes 1 notification received from mainland hospital.

APPENDIX IX

Annual Statistics for Health Visitors 1974

	1974	1973
<i>Pre-school children</i> (4710 visits)		
1. Primary visits age 0-1 year	677	703
2. Primary visits age 1-5 years	39	213
3. Revisits age 0-1	2119	2183
4. Revisits age 1-5 years	1846	1891
5. Visits relating to the 'At Risk' Register	29	418
<i>School children</i> (481 visits)		
6. Home visits	381	348
7. School visits	95	125
8. Relating to handicapped children at school	5	9
9. Other	—	—
<i>General Health Visiting</i> (2598 visits)		
10. Problem Families and Families with Problems	367	359
11. Relating to Mental Health	77	43
12. Relating to Physically Handicapped Persons	54	34
13. Infectious Households (Tuberculosis)	35	93
14. Infectious Households (Other)	42	47
15. Geriatric cases	437	763
16. Visits with Doctors	7	1
17. Visits with Public Health Inspectors	13	18
18. Visits relating to ante-natal cases	50	136
19. Visits to hospital and nursing homes	39	90
20. Miscellaneous and unspecified	613	833
21. Evening visits	106	210
22. No access (i.e. non-effective visits)	758	1071
<i>Clinics</i> (Total 587 sessions)		
23. Ante-natal (Booking) Clinic	51	57
24. Parentcraft and Relaxation Classes	178	249
25. District Nursing Association Infant Welfare	146	140
26. Child Health	151	220
27. Auditory Training	45	10
28. B.C.G. (and Poliomyelitis immunisations)	9	20
29. Other and unspecified clinics	7	29
<i>Meetings</i> (158 sessions)		
30. Within Health Department Staff	102	84
31. With Group Practices	48	117
32. Miscellaneous	8	7
<i>B.C.G. Programme</i> (307 visits)		
33. Home visits	83	67
34. M.P.T. and M.P.T. readings	126	103
35. B.C.G. Visits	97	106
36. Other	1	?
<i>Health Education</i>		
37. Sessions	41	6
<i>Administration</i> (524 sessions)		
38. Organisation and Administration	352	407
39. Interviews at Lukis House	140	71
40. Courses, Conferences, Obstetric Committee etc.	32	68

APPENDIX X

Special Treatment Clinic—Male Section—1974

Venereologist: Dr. J. E. T. Strickland, MB, BS, MRCS, LRCP.

	1974	1973	1972
1. Number of attendances	974	1003	1114
2. New infections	194	176	211
Syphilis	2	1	1
Contracted locally	1	1	1
„ elsewhere	1	—	—
Gonorrhoea	66	45	68
Contracted locally	38	36	28
„ elsewhere	28	9	40
Non specific venereal conditions	93	97	95
Contracted locally	54	87	56
„ elsewhere	39	10	39
Non venereal conditions	33	33	47
Contracted locally	21	32	28
„ elsewhere	12	1	19
3. Reinfections	13	15	9
4. Total cases receiving treatment during year	214	199	229
5. Discharges during the year	196	179	206
Syphilis	2	—	2
Gonorrhoea	67	46	71
Non specific venereal conditions	91	96	92
Non venereal conditions	36	37	41
Discharges as a percentage of total cases	92%	90%	90%

6. Classifications by condition—new infections

	Syphilis	G.C.	NS.V	NV	Total	%
Local persons	1	38	54	21	114	59
Visiting seamen	—	3	7	1	11	6
Imported labour						
hotel staff	1	18	26	9	54	28
horticulture	—	3	2	1	6	3
other	—	4	4	1	9	4
Totals	2	66	93	33	194	
%	1	34	48	17		100

7. Classification by age group—new infections

Age groups	Under 16	16-19	20-29	30-39	40+	Total	%
Syphilis	—	1	—	1	—	2	1
Gonorrhoea	—	7	58	1	—	66	34
N.S.V.	—	21	64	6	2	93	48
N.V.	1	17	6	9	—	33	17
Totals	1	46	128	17	2	194	
%	$\frac{1}{2}$	$23\frac{1}{2}$	66	9	1		100

APPENDIX XI

Special Treatment Clinic—Female Section 1974

Venereologist: Dr. W. R. Cambridge, MRCS, LRCP.

	1974	1973	1972				
1. Number of attendances	227	183	150				
2. New infections	65	48	40				
Syphilis	1	1	---				
Contracted locally	1	1	—				
„ elsewhere	—	—	—				
Gonorrhoea	24	21	22				
Contracted locally	20	19	22				
„ elsewhere	4	2	—				
Non specific and non venereal conditions	40	26	18				
Contracted locally	38	24	18				
„ elsewhere	2	2	—				
3. Reinfectious	3	1	—				
4. Total cases receiving treatment during year	74	55	44				
5. Discharges during the year	64	46	38				
Syphilis	1	—	1				
Gonorrhoea	20	20	24				
Non specific or non venereal conditions	43	26	13				
Discharges as a percentage of total cases	87%	84%	86%				
6. Classifications by condition—new infections							
	<i>Syphilis</i>	<i>G.C.</i>	<i>NS/NV</i>	<i>Total</i>	<i>%</i>		
Local persons	1	11	25	37	57		
Imported labour							
hotel staff	—	9	12	21	32		
horticulture	—	3	2	5	8		
other	—	1	1	2	3		
Totals	1	24	40	65			
%	1½%	37%	61½%		100%		
7. Classification by age group—new infections							
	<i>Under 16</i>	<i>16-19</i>	<i>20-29</i>	<i>30-39</i>	<i>40+</i>	<i>Total</i>	<i>%</i>
Syphilis	—	—	1	—	—	1	1½
Gonorrhoea	—	12	8	3	1	24	37
NS/NV	—	25	13	2	—	40	61½
Totals	—	37	22	5	1	65	
%	—	57	34	7½	1½		100%

SCHOOL MEDICAL SERVICES ANNUAL REPORT 1974

The Education (Guernsey) Law, 1970 provides that it is the duty of the Education Council to ascertain what children require special educational treatment and to make provision as to the special methods appropriate for the education of such pupils. Thus the Schools Medical Service must make arrangements to watch over the health and development of the pre-school child as well as the school pupils of this Island.

The health of the pre-school child in bygone days could, to some extent, be measured in terms of mortality rates. With the improvement of ante-natal, post-natal and paediatric care mortality rates are now so low that we must use other criteria to measure health. The emphasis nowadays is on the promotion of optimum health of the individual and on developmental progress (physical, emotional, intellectual, social) rather than on morbidity and mortality. Developmental screening examinations by the Health Visitors are now available to the babies and toddlers in order to identify those with departures from the normal. Those with problems are kept under review by the school doctor until they demonstrate that they can see, hear, walk and talk properly. Thus remedial treatment and help can be started at the earliest opportunity and well in advance of the child's school entry. Every session with child and mother includes a period of explanation, counselling, guidance and reassurance. Most children have some problem of health, management or adjustment worthy of discussion based on an understanding of the development of normal children and on the particular results of the assessment. Time spent on this is amply rewarded in improved performance by the child, in (possibly) improved adjustment within the family or by more coherent action by the parents to deal with the presenting problem. Any toddler showing signs of probable mental retardation is referred to Miss de Garis, the educational psychologist for assessment and corroboration, or otherwise of the diagnosis. She can then help to tackle the educational problem of school placement or of planning for the child's educational problem.

Reference could also be made at this stage to the child psychiatrist where a toddler appears to have an emotional problem; to the eye specialist where a visual problem appears to exist (mostly a squint); to the family doctor where an ear, nose, or throat problem is troublesome with a possible appointment with the E.N.T. specialist in mind; to the speech therapist where the development of speech and language does not seem to be normal; to the audiometrician for hearing testing in depth; to the Teacher of the Deaf for the training of a hearing-handicapped baby.

Thus it can be seen that with many children entering school, the teacher can be supplied with a history of the child's past difficulties and possible predictions as to its school progress.

Mr. F. R. Neubert, ophthalmic surgeon, announced that he would be retiring during the year and would be handing over his responsibilities in the School Medical Services to the Doctors B. M. and R. P. Bonner-Morgan. It will be strange not be able to contact Frank Neubert—always affable and ready to set aside his own work in order to explain and advise, drawing upon his memory of several generations of patients, and we wish him the many, many years of happy retirement that he so rightly deserves.

Mr. Neubert came to Guernsey in 1947 initially holding his clinic at Lukis House. He soon came to the conclusion that Guernsey needed its own Orthoptic Clinic and spoke of this to Mr. A. Winterflood who was then the Secretary of the Education Committee. Mr. Winterflood conveyed this recommendation to his Committee who agreed that one should be set up at La Porte under Mr. Neubert's direction. It is interesting to reflect that Mrs. Goodwin was originally considered for the position of Orthoptist but who could not take it up for family reasons has now returned to work and is carrying out hearing and vision testing for the School Medical Services. Mrs. Edwards who was appointed Orthoptist in 1947 is still running the clinic.

We extend a warm welcome to Dr. and Mrs. Robin Bonner-Morgan, who are both ophthalmic specialists, and hope that they and their family will long remain happily settled here.

This year-1974-has seen the beginnings of a free physiotherapy advisory service for both pre- and school-aged children. Up to this moment in time, six physically handicapped pre-school children are being visited regularly by the physiotherapist in their homes and all children in our Special Schools have been assessed by her and suitable remedial exercises prescribed for those in need. The children with orthopaedic problems seen at routine school medicals have been offered appointments at Lukis House and they are assessed and advised by the physiotherapist.

The overall school population in Guernsey in 1974 was 9,609—an increase of 188 as compared with 1973. It is with pleasure that one can report that the state of the health of the school child is very good. Speaking broadly, the main troubles of the school entrant are connected with eyes, ear/nose/throat and ‘chestiness’, and at the junior school stage most of these problems have been ironed out so efficiently that the parent can only recall the past symptoms with difficulty. The potential school leaver at between 14 and 15 years of age is a healthy individual indeed, with the girl almost at her maximum height and the boy starting to overtake her in height and weight. Both are beset by the bogey of teenage-isms. They are troubled mainly with emotional rather than health problems. They are half child, half adult, and look forward to the future eagerly yet apprehensively. They still need firm discipline, love and guidance by example as they did from the age of two.

1974	1973
996 attendances recorded at the Lukis House Clinic	952
314 attendances recorded at the Child Guidance Clinic	300
41 attendances at Mr. Midgley's Clinic (E.N.T.)	48
1933 attendances recorded at Speech Therapy Clinic	1642
2300 attendances recorded at the Orthoptic Clinic	2012
491 attendances recorded at the Immunisation Clinic	82
150 attendances recorded at the B.C.G. Clinic	248
6225	5284

In addition 2,376 school children were examined at a periodic medical examination (1,664 at their schools and 712 in Lukis House) and 357 girls were vaccinated against German Measles in their schools.

A breakdown of these figures now follows.

Periodic Medical Examinations

<i>Children examined in school</i>			<i>Examinations conducted at Lukis House</i>			
<i>Boys</i>	<i>Girls</i>	<i>Totals</i>		<i>Boys</i>	<i>Girls</i>	<i>Totals</i>
370	348	718	Infants	32	35	67
382	355	737	Juniors	49	45	94
62	147	209	Seniors	312	239	551
814	850	1664		393	319	712

School Clinics

996 children were seen at this clinic in Lukis House of which 385 were of pre-school age.

1974	1973
318 babies were brought for developmental testing	374
258 attended for visual defects	197
128 attended for ENT conditions	135
49 attended for speech defects	56
19 were Training College Candidates	26
12 attended with behavioural problems	32
11 attended for assessment for future schooling	—
139 attended for routine school medicals	76
62 required a general medical examination	56
—	—
996	952
—	—

As a result of these clinics:

1974	1973
125 children were referred for ophthalmic opinion	93
41 were referred for E.N.T. opinion	49
54 were referred to the Speech Therapy Clinic	52
5 children were referred to the Child Guidance Clinic	13
16 children were referred to the physiotherapist	—
—	—
241	207
—	—

Immunisation Programme

School Cruises

251 cholera vaccinations and 239 polio immunisations were given to children travelling on an educational cruise during the school holidays.

Yellow Fever

One young child was inoculated against yellow fever in 1974.

Rubella

406 girls in the first year at Secondary/Grammar school (State and private) were offered protection against German measles. Out of this number we received

49 refusals and in the case of 2 children the parents opted for their family doctor to vaccinate. So in all, 87.9% of the 10/11 year old girls were protected against the disease of which 355 vaccinations were done at their schools or 99.4% by the School Medical Services.

Anti Tuberculosis Programme

	1974		1973	
	<i>Infants</i>	<i>Juniors</i>	<i>Infants</i>	<i>Juniors</i>
Total number of school children examined	788	831	1068	430
Tuberculin testing not required	150	62	134	33
Number of children eligible for tuberculin testing	638	769	934	397
Number of children absent	32	22	56	26
Permission for testing refused by parents	11	16	18	13
Number of tuberclin tests performed	595	731	860	358

Of the 731 juniors tuberculin tested 687 were negative and 44 were positive. Therefore 687 (94%) children had no naturally acquired immunity to tuberculosis and were eligible for B.C.G. vaccinations. However, 7 absented themselves and 7 were refused by the parents, so 673 juniors received a B.C.G. vaccination—a 98% acceptance rate. This continues to be a satisfactory state of affairs.

In addition to this a further 150 children were tested by the School Nurses at Lukis House at the weekly immunisation clinic and as a consequence 93 received a B.C.G. vaccination.

Defects noted at the Periodic Medical Examination

	INFANTS			JUNIORS			SENIORS		
	<i>Boys</i>	<i>Girls</i>	<i>Total</i>	<i>Boys</i>	<i>Girls</i>	<i>Total</i>	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Oral hygiene	59	59	118	69	57	126	67	12	79
Eyes	19	16	35	54	60	114	28	81	109
Speech	49	40	89	21	12	33	12	9	21
Poor Posture	30	21	51	32	20	52	52	49	101
Flat feet	38	19	57	30	44	74	38	30	68
Glands	24	25	49	11	14	25	7	7	14
ENT condition	144	129	273	63	82	145	77	69	146
Asthma	7	4	11	8	2	10	—	15	15
Bed wetting	15	16	31	2	1	3	1	—	1
Over/under weight	5	7	12	6	17	23	5	27	32
Heart	16	23	39	8	13	21	8	12	20
Skin	23	22	45	27	22	49	51	42	93
Lungs	45	44	89	25	6	31	20	8	28
			899			706			727

Hygiene Inspections

The School Nurses inspected 18,935 children and out of all this number found only 12 to be infested—with head lice—a rate per thousand of 0.63 (2.77 in 1973 and 4.25 in 1972). Of these children only one was excluded from school until found to be free from infestation.

The head louse inhabits that region of the hair nearest the scalp within half an inch of the scalp surface. Therefore the length of hair style (over about one inch long) is not important. It is rarely seen outside this zone unless the head be heavily infested in which case it is common for the louse to spread peripherally. Schools provide an ideal environment for the spread of infestation from one child to another by close physical contact in the classroom and during play. One must not lose sight of the fact that the head louse also affects adults and pre-school children who create a persistent reservoir of infestation within the home.

Although not important in the transmission of disease, head lice are annoying pests and they are capable of causing and spreading staphylococcal infections such as impetigo of the scalp and head. It is fortunate that with the adoption of the longer hair style our young also consider frequent shampooing, trimming and combing essential so as to achieve the effect of hair gleaming with health.

In addition 10 cases of scabies and 2 cases of ringworm were detected and referred to their own doctors for treatment.

The Free School Milk Scheme

A total of 336 schoolchildren received free school milk in their schools. During the year 23 names were deleted from the list either at the mother's request or because the child's height/weight ratio was satisfactory and 91 names were added—mainly school entrants. One child was recommended Halibut Oil capsules and vitamin C by a Health Visitor and this was arranged.

Child Guidance Clinic (conducted by Dr. B. J. Salisbury, M.B., M.R.C. Psych., D.C.H.)

There were 53 new referrals and a total of 314 consultations during the year. There is quite a noticeable increase in the number of children referred in the age group 3 to 6 which is causing some concern, as these children are being brought to the clinic as unmanageable. In practice they are usually the oldest of 2 or 3 children, have been materially indulged and allowed to do as they like in their earlier years, so that the arrival of a younger sibling curtails their freedom and they rebel.

Visits were made to a secondary school where a group of slow learners, some of whom were in the care of the Children Board, were showing disturbed behaviour. These visits proved to be valuable to the school and the Children Board; it is hoped that further meetings will be arranged if they should be indicated.

Older children, those in their later school years and those who have just left school, have been referred for antisocial and sometimes violent behaviour. These create a serious problem as the places for special education and training in England are increasingly expensive and often the children appear to be more disturbed on their return than when they went. Places for aggressively disturbed children are now almost non-existent and consideration will have to be given to the possibility of making special arrangements in Guernsey for these children.

E.N.T. Clinics (Mr. G. Midgley F.R.C.S.—Visiting Consultant)

Mr. Midgley held three clinics at Lukis House in 1974. In all he saw 41 children. As a result of this he arranged for 6 children to be admitted to the

Royal Hampshire County Hospital at Winchester for surgical treatment and 3 deaf aids were prescribed by him.

Two toddlers were diagnosed as having serious hearing losses and these Mr. Goldsmith (Teacher of the Deaf) has accepted for training in the Partially Hearing Unit.

Audiometrician's Report (Mrs. J. Goodwin, D.B.O.)

Audio-testing follows the same pattern as in previous years, each child being tested at his routine school medical examination. Audio-tests have also been given at parents' and teachers' requests and audiograms produced for family doctors when asked for. Those failing their routine hearing test have been re-examined at Lukis House and also seen by the School Medical Officer. Where necessary they have been referred to their family doctors for further treatment.

Figures for the year

Screening test	2438)	Total 2834
Re-tests	396)	
Monaural failures	169	= 6%
Binaural failures	80	= 2.8%
Total	249	= 8.8%

60 children were seen at audiology clinics at Lukis House of whom 29 were then referred to their own family doctor. 81 audiograms were recorded at doctors' requests.

Speech Therapy Clinic (Miss J. M. Richmond L.C.S.T.)

With the appointment of Mrs. M. Renier L.C.S.T. for 2 sessions per week it has been possible for treatment to be carried out weekly at both Valnord and Maurepas Schools.

Treatment is also carried out weekly at the schools which are the most distant from Town—Vale, St. Sampsons Infants, Hautes Capelles, Castel, La Mare de Carteret Primary, Forest, St. Peters and St. Saviours. The other schools have also been visited occasionally but as they are near Town the children are expected to attend the Granville House clinic. There are far too many schools altogether for weekly visits to be made to each.

During the year 242 children received treatment and subsequently 70 were discharged mainly with satisfactory or greatly improved speech. There were 95 new referrals, 69 admitted, 9 required advice only and 17 were added to the waiting list. There were 1933 attendances but holiday attendances were very poor. There were 41 children on the waiting list at the end of the year. Three members of the Education Council visited the clinic during the year.

Orthoptic Clinic (Mrs. M. Edwards D.B.O.)

1974 was a very busy year for the Orthoptic Clinic. Dr. F. R. Neubert, our Ophthalmologist, retired in the spring and Doctors Robin and Barbara Bonner-Morgan took his place. The volume of work increased during the year, and Mrs. J. Robertson D.B.O. now assists Mrs. Edwards in the clinic one day a week.

Our attendances are consistently good. There were 2300 visits made to the clinic in 1974; 7 children ceased to attend for treatment, 3 who live in Jersey are

now visiting the newly appointed orthoptist there. The 4 others went to live on the mainland where they will continue treatment. 81 new cases were referred to the orthoptist for assessment, and treatment if indicated; 59 children were discharged, 44 with full binocular functions and 15 as cosmetically satisfactory.

1500 new entrants which includes the first year infant children, were screened for visual defects during the year and as a result 86 were referred to the ophthalmologists for further examination. 47 squint operations on school and pre-school children were performed in 1974.

Eyesight Screening Tests (Mrs. J. Goodwin, D.B.O.)

Screening of 1st year junior pupils at all States' primary schools and of 2nd year pupils at States' secondary schools was carried out. An annual eyesight test is offered where children are thought to be 'at risk' due to family history or slight evidence of unsatisfactory vision. The general pattern is:

1. 1st year juniors—eyesight screening
2. Final year juniors—eyesight screening at routine medicals
3. 2nd year secondary—eyesight screening
4. Final year secondary—eyesight screening at routine medicals

Children are also examined at clinics at the request of parents or teachers or because they failed the screening test in school.

Figures for the year

225 children seen at eye clinics

96 referred for further examination by Dr. Bonner-Morgan.

Mid-day Supervision of School Children

The duty of care over pupils remaining at school during the mid-day break still exists and each headmaster feels obliged to deal with this as best he can. The School Nurses decided to enquire into the extent of this duty in order to gain some knowledge of how many children stay in school during the luncheon break, where the children eat their meals and how each school manages to organize adequate supervision. The nurses did not survey in depth; they felt that in the first instance all that was needed was to gain an overall impression.

The key comments by the School Nurses were the preponderance of pupils of all ages nowadays sustained by packed (and sometimes poorly balanced) lunches, the unstinting acceptance of extra and burdensome chores by teachers as a result of this practice and the marked lack of adequate accommodation in most schools for coping with it. The School Nurses discovered that, at the moment, an average of 3242 pupils out of a school population of 8991 stay in school for lunch i.e. 36%. It seemed to them that there has been a continuous build-up of school children from infant school stage to the mature students in grammar and secondary schools, relying on the schools for their lunch eating arrangements. It is the remorselessness of this build-up which school staffs find disturbing and which, to the conscientious majority of them, must appear to be a powerful extra-mural moral obligation. It places the onus on the teacher to protect and care for the physical welfare of their charges by supervising lunch facilities, dealing with the hygiene requirements, making hot drinks and providing post-eating leisure activity. Even so it was found that the teachers were asking themselves if their quality of care was high enough.

The nurses make a point of emphasising the not-so-obvious and time-consuming duties of seeing that the tables and chairs are put out, wiped clean and afterwards stacked away; of inspecting hands before sandwiches are unpacked and also making sure that the children do eat their lunch and do not just slide out to play, with uneaten sandwiches tucked away somewhere about their person, or the school.

The reasons for children needing to stay in school for the mid-day break are varied. The main reason lies in the fact that so many mothers work and cannot see to their offspring at mid-day, but one must not forget that in many cases it is due to the inability of the mother to get her children home with sufficient time to eat a meal and be back again in school for the start of lessons. It might well be that distances involved are too great; there may be no car in the family, or the mother might not be a car driver or unable to afford the expense of the petrol needed. It can therefore be argued that with the increase in numbers of mothers going out to work, the increase in the cost of running a car, the worsening financial situation, the numbers of children staying in school at mid-day cannot lessen—they can only increase.

C. G. WHITE,
School Medical Officer.

REPORT ON SCHOOL DENTAL SERVICE 1974

During the year the School Dental Service was responsible for approximately 9,400 children. The present establishment is three full time dental officers, three dental surgery attendants, one receptionist and one Recovery Room nurse. Since the dentist patient ratio is 1 to over 3,000 we have had to concentrate on the treatment of regular attenders at the dental clinic. We find that after thirteen years of dental care by an unchanged dental staff (with one addition in 1970), many families have built up a pattern of dependence upon the service, and some former patients now attend with their own children. Hence the majority of inspections were carried out at the clinic under ideal conditions and school inspections were necessarily curtailed. After a clinic examination the treatment of the child can commence immediately or at least within a reasonable time. For the non-regular attender we usually carry out emergency treatment at the first visit and any other necessary treatment is offered. It is a sad reflection that many of these emergency cases do not keep these appointments and never finish their treatment. We would need double our dental staff to carry out regular school inspections, dental health education in schools and at the clinic and to chase up persistent non-attenders. However, at the moment I think we offer a good comprehensive service to those who want it.

As far as dental health education is concerned a possible alternative to a full time dental officer might be a dental auxiliary, trained to instruct in oral hygiene and to carry out the simpler forms of treatment for the younger age group. This would relieve some of the pressure on the dental staff and would be far less costly.

Conservation

As in previous years, we have concentrated on the saving of the maximum number of permanent teeth. Deciduous teeth were filled only if

- (a) the cavity was in its very early stages, or
- (b) the age of the patient made it imperative to retain deciduous teeth i.e. space maintenance.

Extractions

Again a large number of deciduous teeth as compared to permanent teeth had to be removed due to gross caries abscesses or malposition. In the child over nine years old deciduous teeth are in the process of being shed naturally, but in the five to seven year olds the extraction of deciduous molars can lead to grave space problems.

Orthodontics

We have continued to treat the more straight forward orthodontic cases and have been able to achieve very considerable improvements in most cases. In the more difficult cases which fortunately occur infrequently, we have liaison with consultants on the mainland who are willing to give us advice. Parents and children appreciate this service and I feel that this is one area where we can be proud of our achievements. It is fairly rare to see a school leaver these days, who has attended the clinic or the family practitioner, with grossly irregular or unsightly teeth which in the past caused them so much embarrassment, and very often psychological stress also.

Extensions

Plans are in hand to extend the dental clinic and provide a G.A. Room and Recovery Room at the opposite end of the building to the waiting room. Details have yet got to be worked out, but I believe the plans have been given approval.

New Compressor

Our present compressor is unable to cope with our three surgery load and a new one capable of taking up to a six surgery load has been ordered. This will take care of any foreseeable expansion in the future. We are negotiating to trade-in our present compressor.

DONALD J. HEARNE,
Principal Dental Officer.

Dental inspection and treatment carried out by the Authority during the year 1974.

No. of Pupils on the Registers of Maintained Primary and Secondary Schools:
9,400 approx.

(1) Number of pupils inspected by the Authority's Dental Officers—			
	(a) at school inspections	1047	
	(b) at clinic	3434	Total 4481
(2)	Number found to require treatment		2915
(3)	Number actually treated for the first time.		3793
(4)	Number of attendances made by pupils for treatment		11,560
(5)	Number of patients made dentally fit		2659
(6) Sessions devoted to			
	(a) school inspections	10	
	(b) treatment	1284	Total 1294
(7) Fillings			
	(a) permanent teeth	5652	
	(b) temporary teeth	1095	Total 6747
(8) Extractions			
	(a) permanent teeth	881	
	(b) temporary teeth	2288	Total 3169
(9)	Number of general anaesthetics given for extractions		1327
(10)	Number of dentures provided		30
(11)	Number of crowns fitted		64
(12)	Number of root canal treatments		349
(13) Other operations			
	(a) permanent teeth	753	
	(b) temporary teeth	216	Total 969
(14) Orthodontics			
	(a) cases commenced during the year		80
	(b) cases completed during the year		47
	(c) cases discontinued during the year		6
	(d) number of appliances fitted		131

